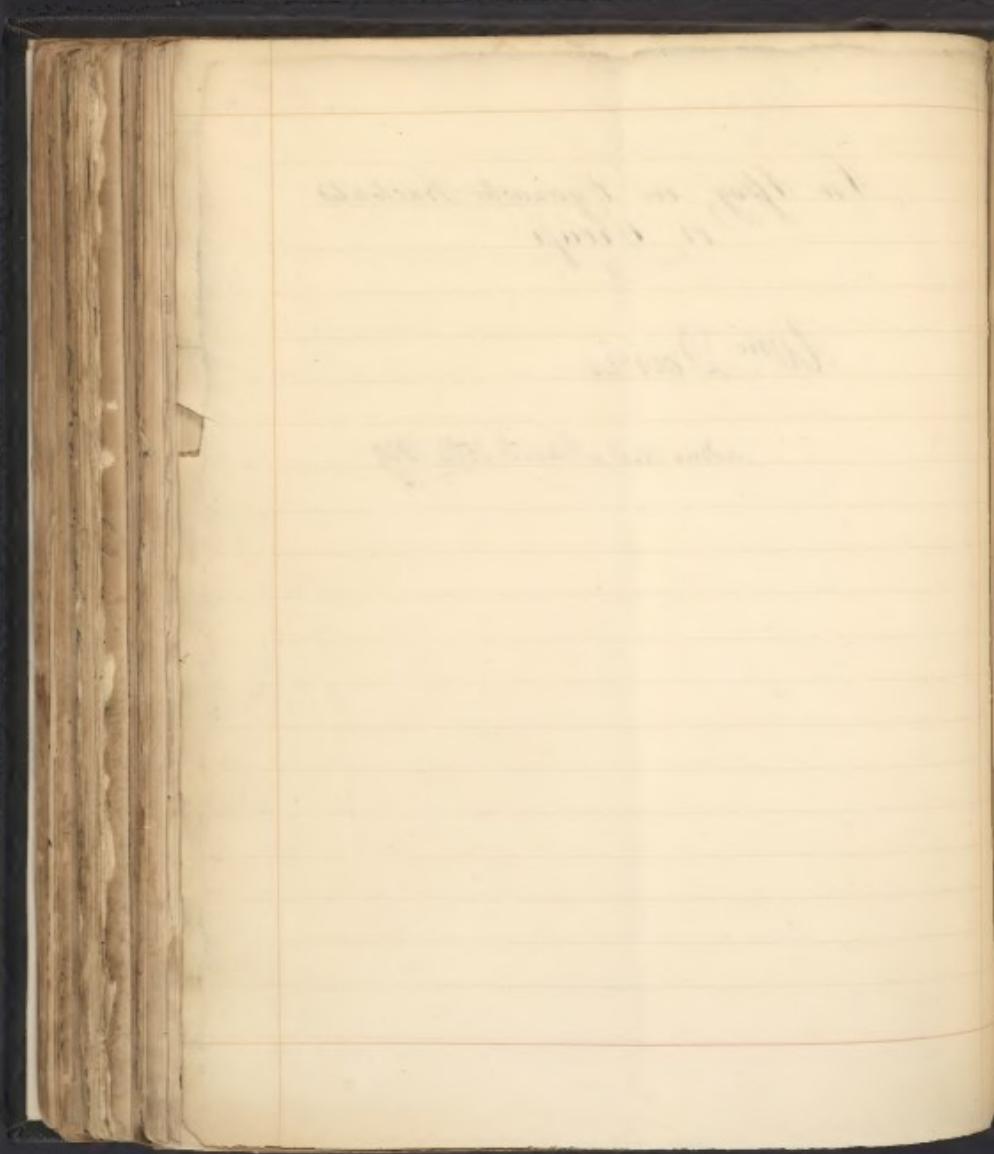


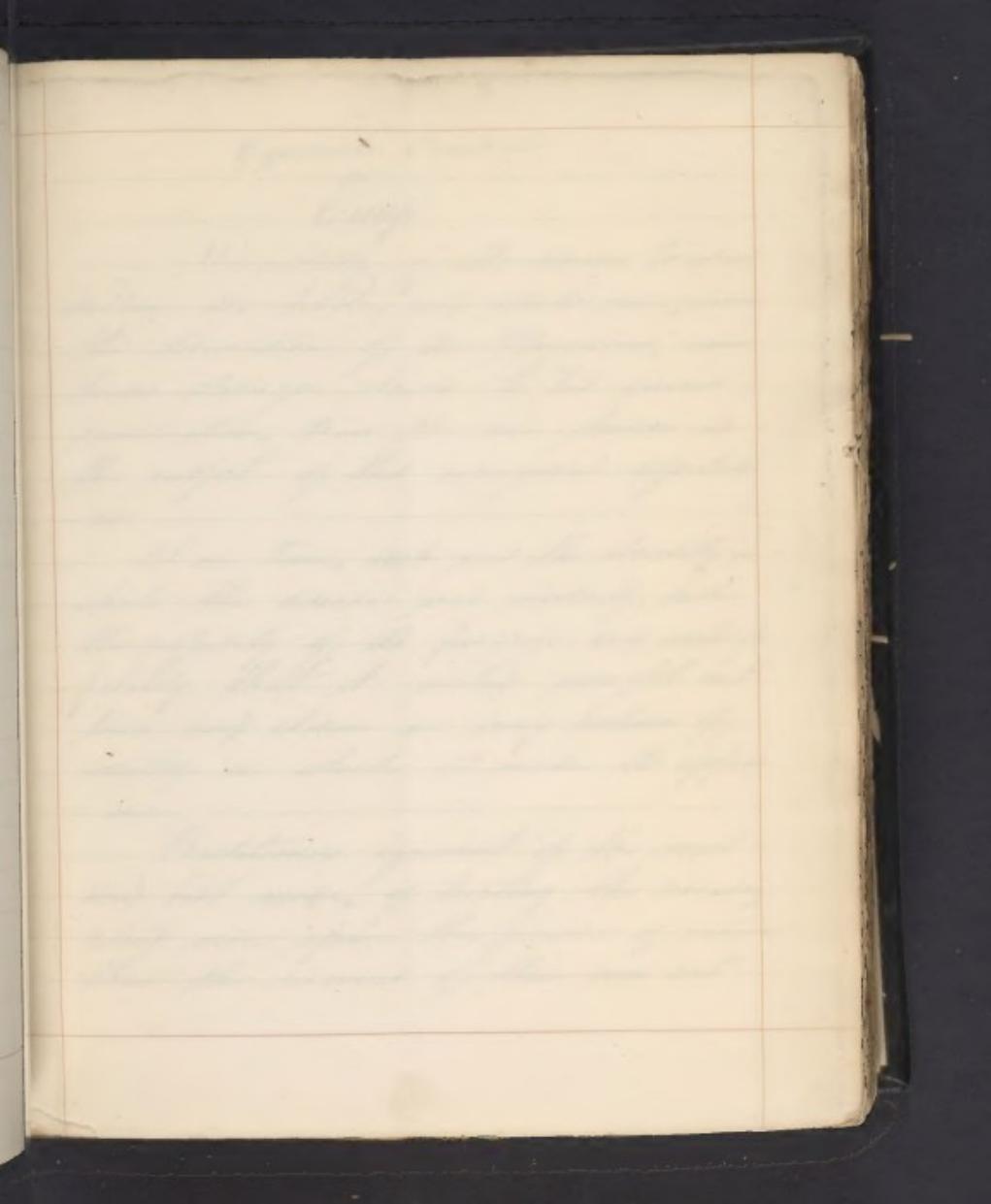
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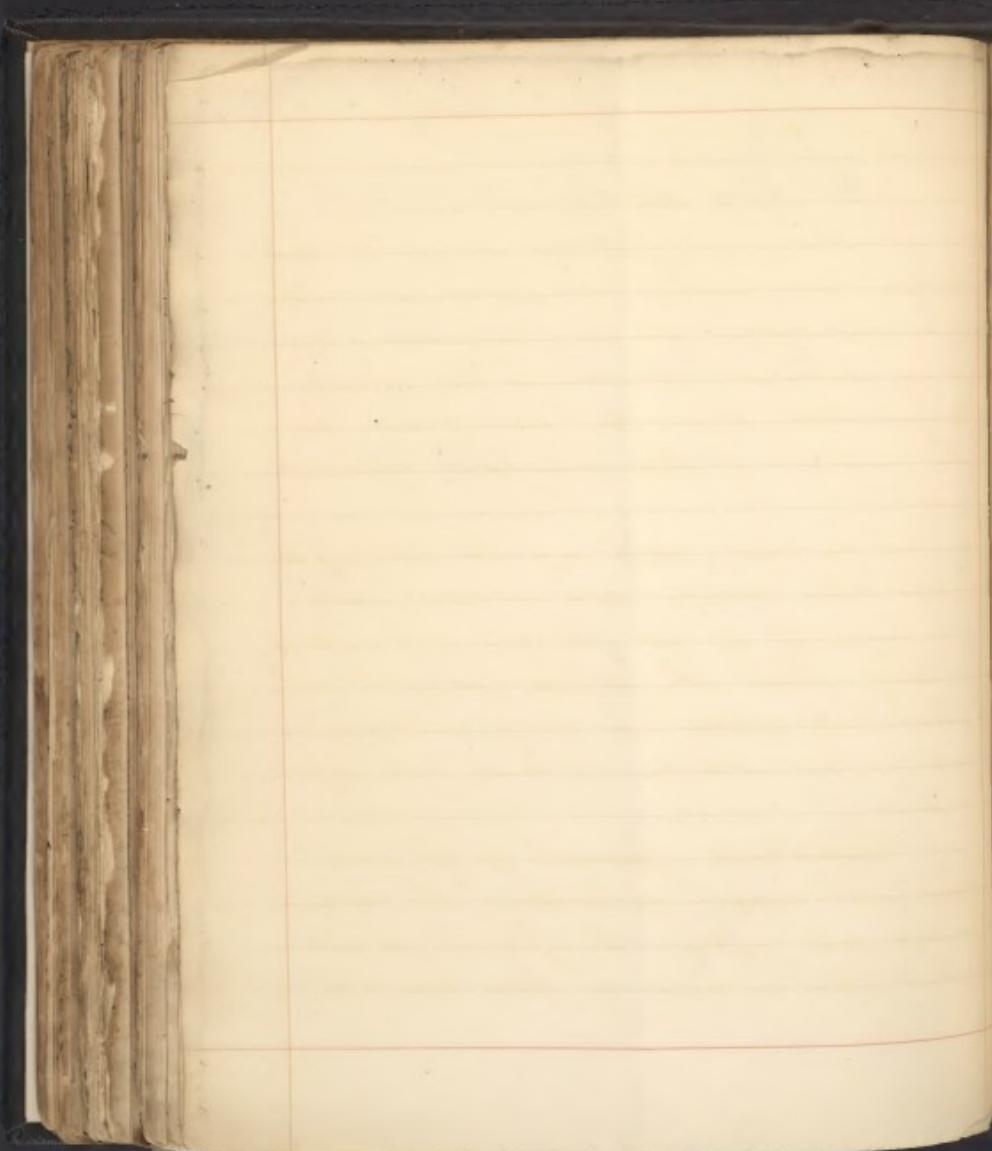
An Ipsay or Cuanche trachalis  
or group

W<sup>m</sup>. Davis

admitted March 15th, 1819







1

Gyanwala Tractatus

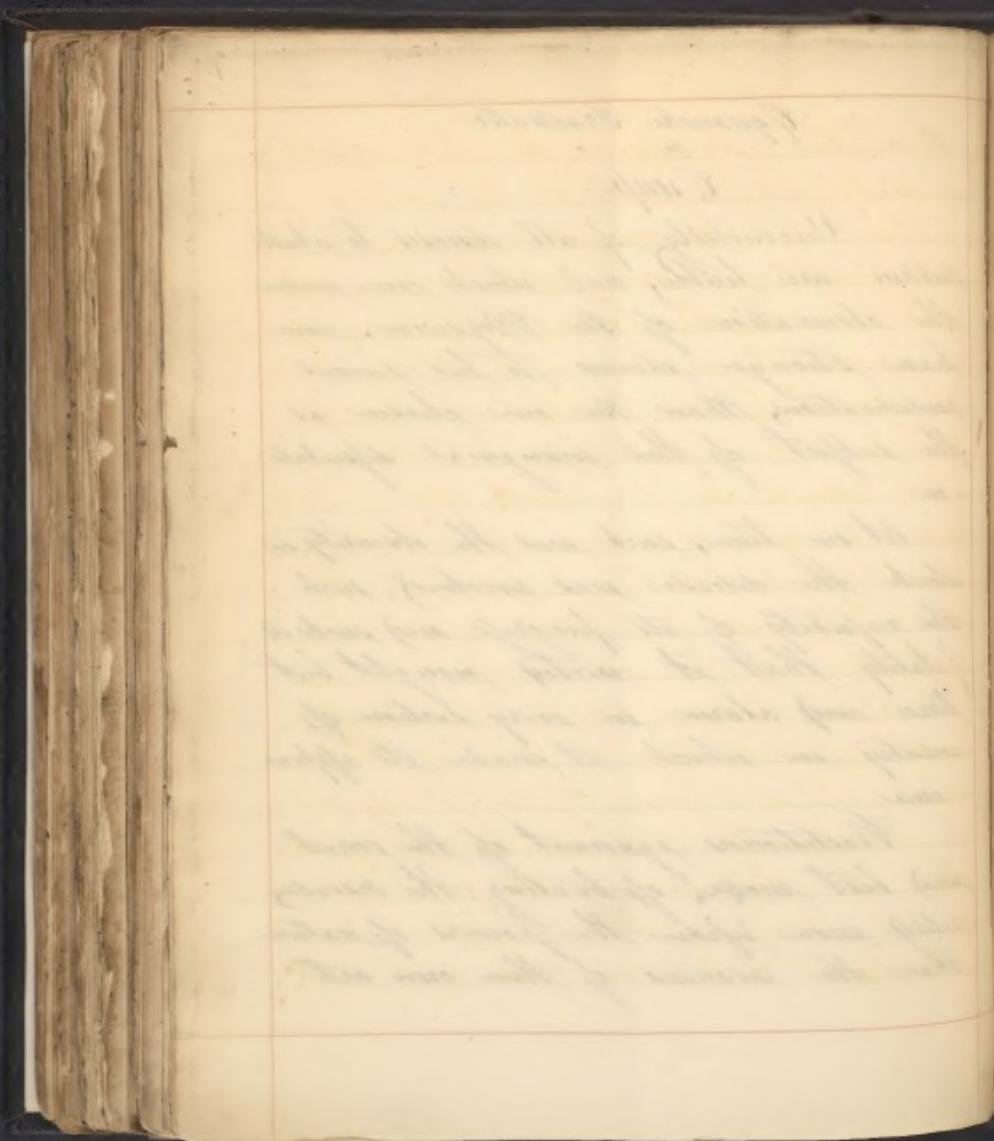
or

Croup.

Undoubtedly of all diseases to which children are liable, and which come under the observation of the Physician, none have stronger claims to his serious consideration, than the one chosen as the subject of this inaugural disputation.

At one time, such was the obscurity in which the disease was involved, such the rapidity of its progress, and such its fatality, that it excited no slight but terror and alarm in every section of country in which it made its appearance.

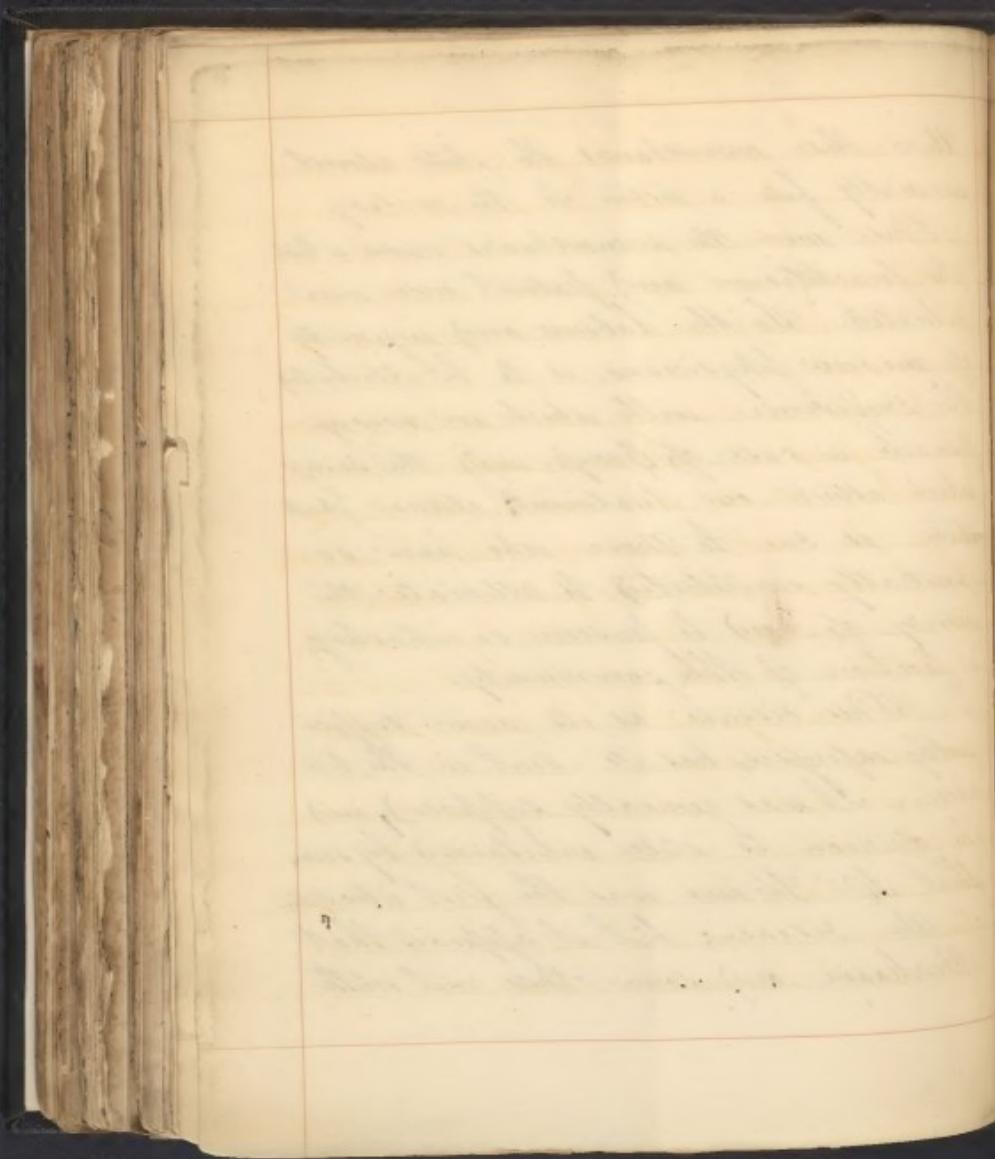
Practitioners ignorant of the correct and best mode of treating the disease, relied more upon the powers of nature than the resources of their own art.



Under these circumstances the child almost invariably fell a victim to the malady.

These were the circumstances under which the practitioner and patient once were situated. To the labours and ingenuity of modern physicians, it is to be attributed the confidence with which we now approach a case of Croup, and the success which attends our treatment. eternal gratitude is due to those who have so zealously contributed to alleviate the misery of, and to preserve so interesting a portion of the community.

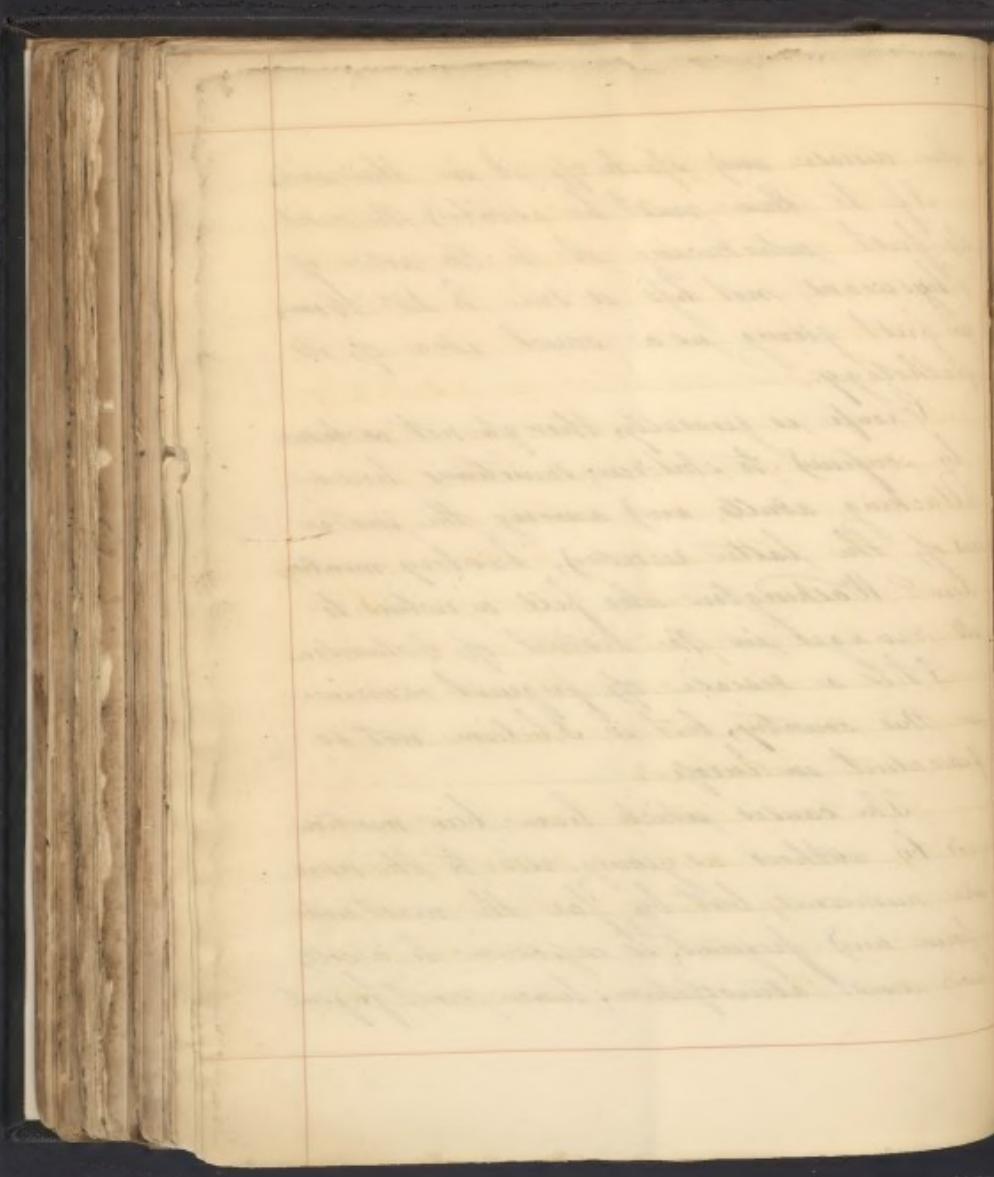
This disease as its name sufficiently expresses, has its seat in the trachea. It was generally supposed, and the opinion is still entertained by some, that Dr. Brown was the first who spoke of the disease; but it appears that Beechgrave and some others met with



the disease and speak of it in their works. If so, then must be ascribed the credit of first introducing it to the notice of Physicians, not his, it is due to Dr. Horne, in first giving us a correct idea of its pathology.

It is generally, though not exclusive-  
ly confined to children; sometimes however  
attacking adults, and among the instances of  
the latter recorded, history mentions  
Genl. Washington who fell a victim to  
its ravages in the district of Columbia.  
It is a disease of frequent occurrence  
in this country, but is I believe, not so  
prevalent in Europe. <sup>2</sup>

The causes which have been mentioned  
as by authors as giving rise to the disease  
are numerous, but by far the most uni-  
form and frequent, is exposure to a cold  
and moist atmosphere, hence most frequent

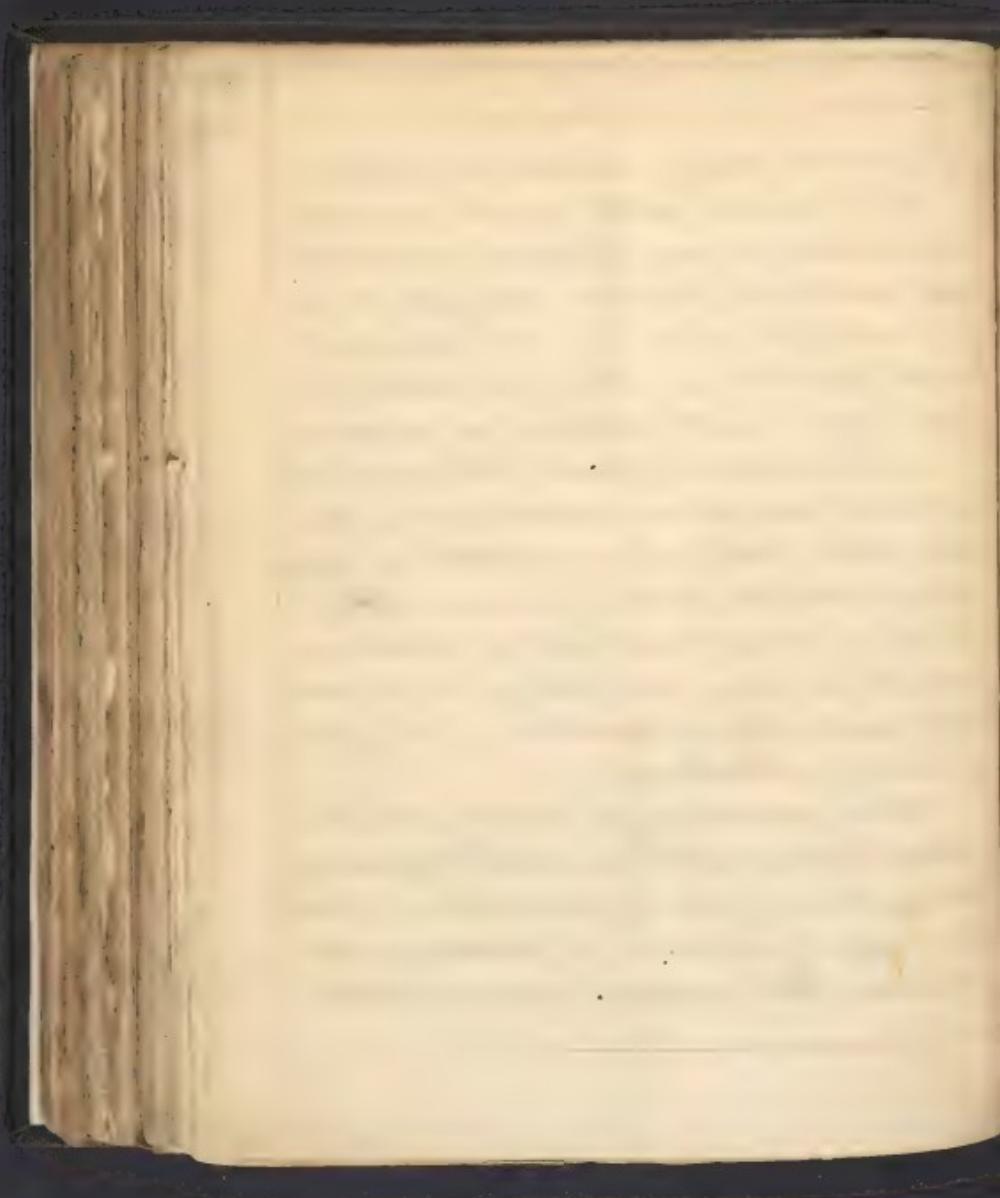


viz. prevails during autumn and spring.

What practical state of the atmosphere will render it an epidemic; observation and authority preclude all possibility of doubt; but as to its contagious nature which has been so strongly affected by some we are not justified in deciding.

The disease appears to be peculiarly endemic in certain sections of country, while other parts, not very distant are escape free; for instance while it prevails at Hell's point, it is rarely met with in Baltimore, and when raging in both cases, seldom comes under the observation of the physicians of Edinburgh.

The generality of Nosologists have divided Croup into two distinct forms viz. when it arises from inflammation and when produced by spasm. A modern writer considers this division unnecessary, and



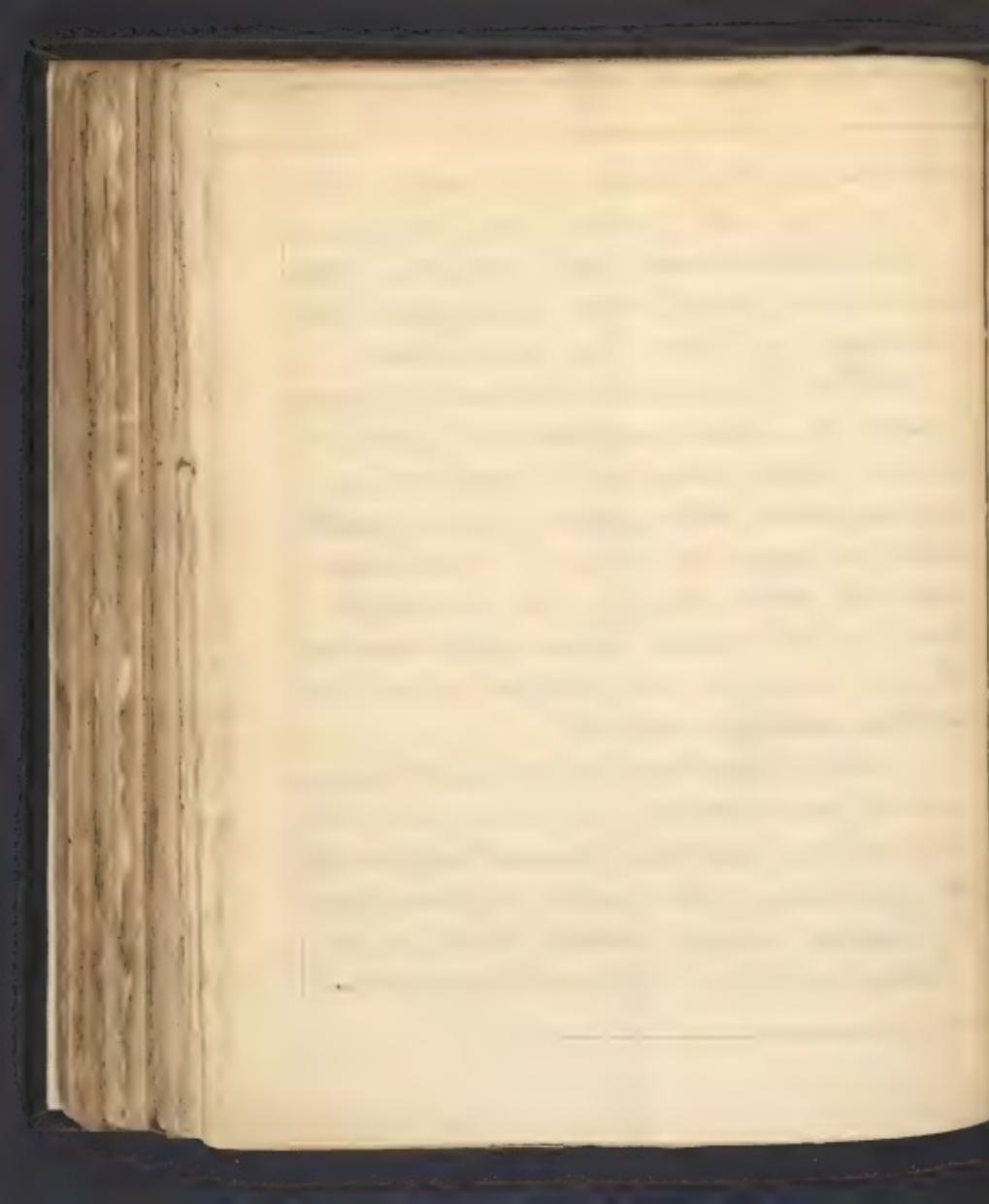
worse, as he believes. The disease to be always the result of inflammation.

Notwithstanding this assertion it is now less very much to support the propriety of such a distinction.

That Cynanche haematoxis is sometimes caused by spasmod is probable from its sudden and unexpected accession, as well as from the appearance of the parts exposed to view by dissection.

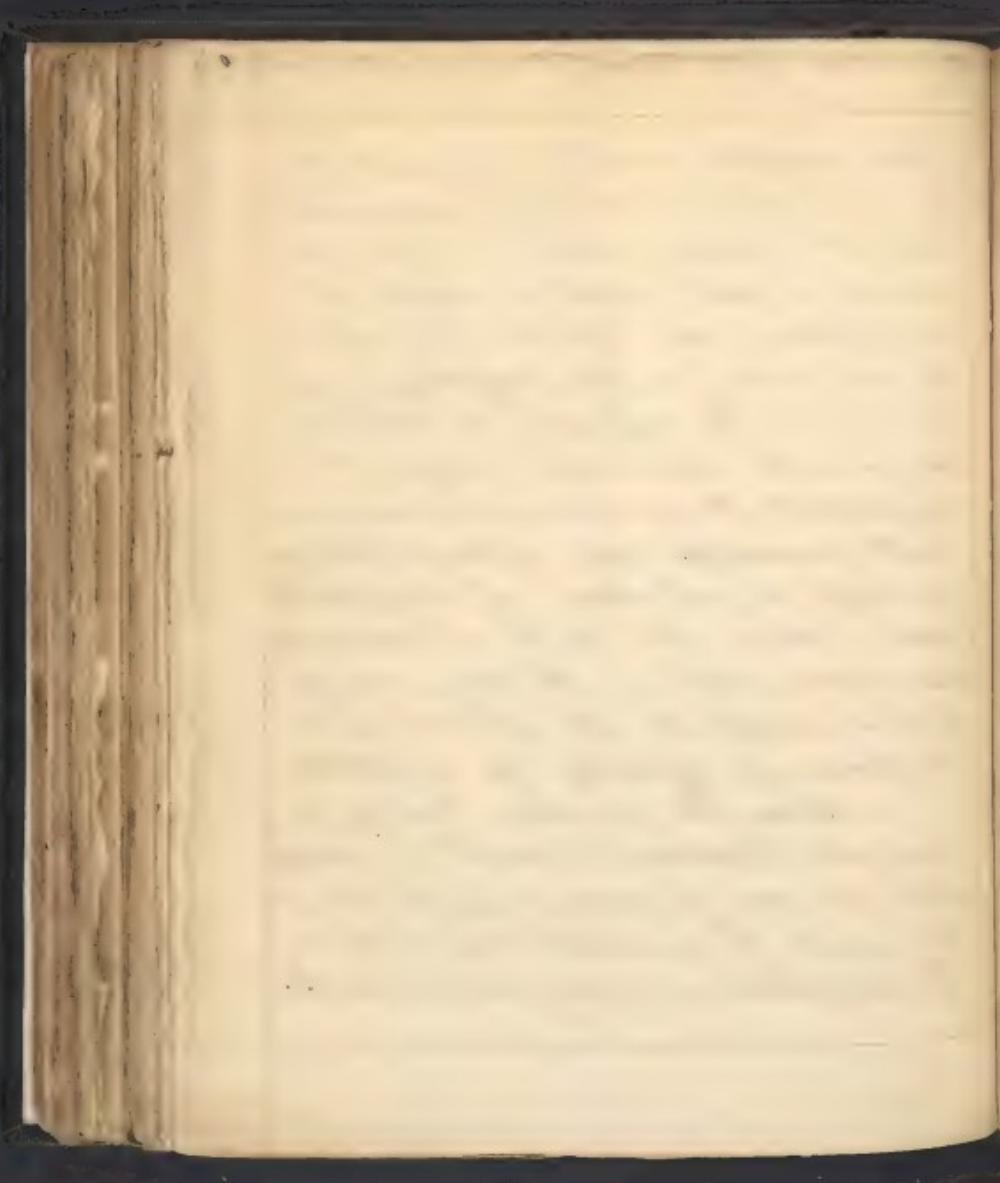
On the other hand, symptoms of such a character have appeared as to so array all doubt as to its inflammatory nature.

The symptoms which most usually indicate an attack of Croupy are the child being indolent, peevish and restless, the eyes and face are suffused, and a peculiar cough attends which is considered as an infallible symptom.



short symptoms continuing for a day or two or a shorter time. But as it accerbates the disease becomes confirmed and assumes a most alarming aspect. The countenance becomes more shriveled and pinched; the eyes and face are suffused to a greater extent; the difficulty of breathing now is such as almost to suffocate the patient; the countenance also indicates great uneasiness and internal distress; if relief is not soon afforded death soon closes the sufferer. It is something remarkable, that in the very worst forms of this complaint the patient never complains of difficulty of deglutition.

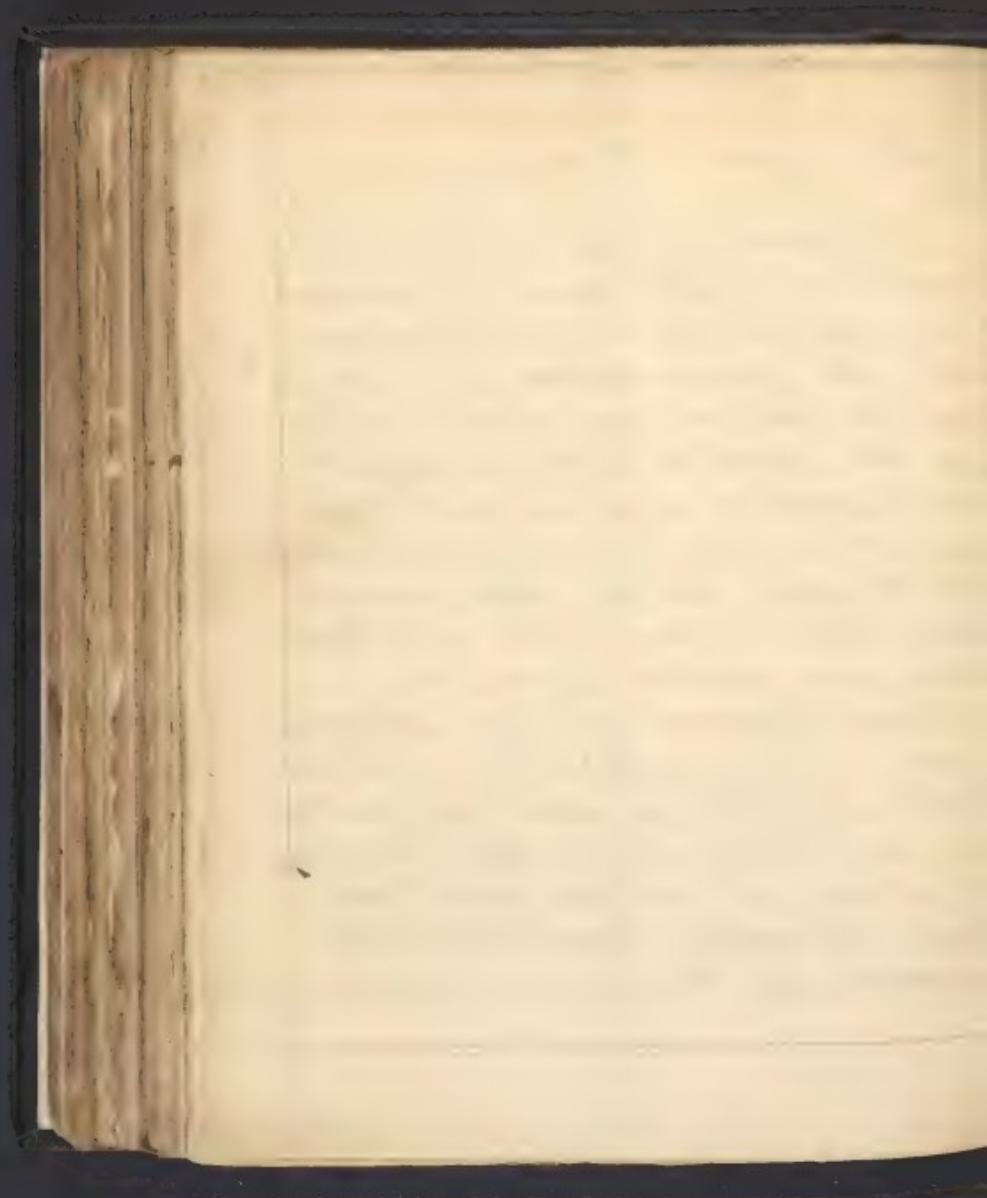
From the preceding history of cynanche trachealis it must be evident that all our measures and practice in toto must be prompt and decisive; for every hour, nay every minute we lose



operates against the safety of our patient.

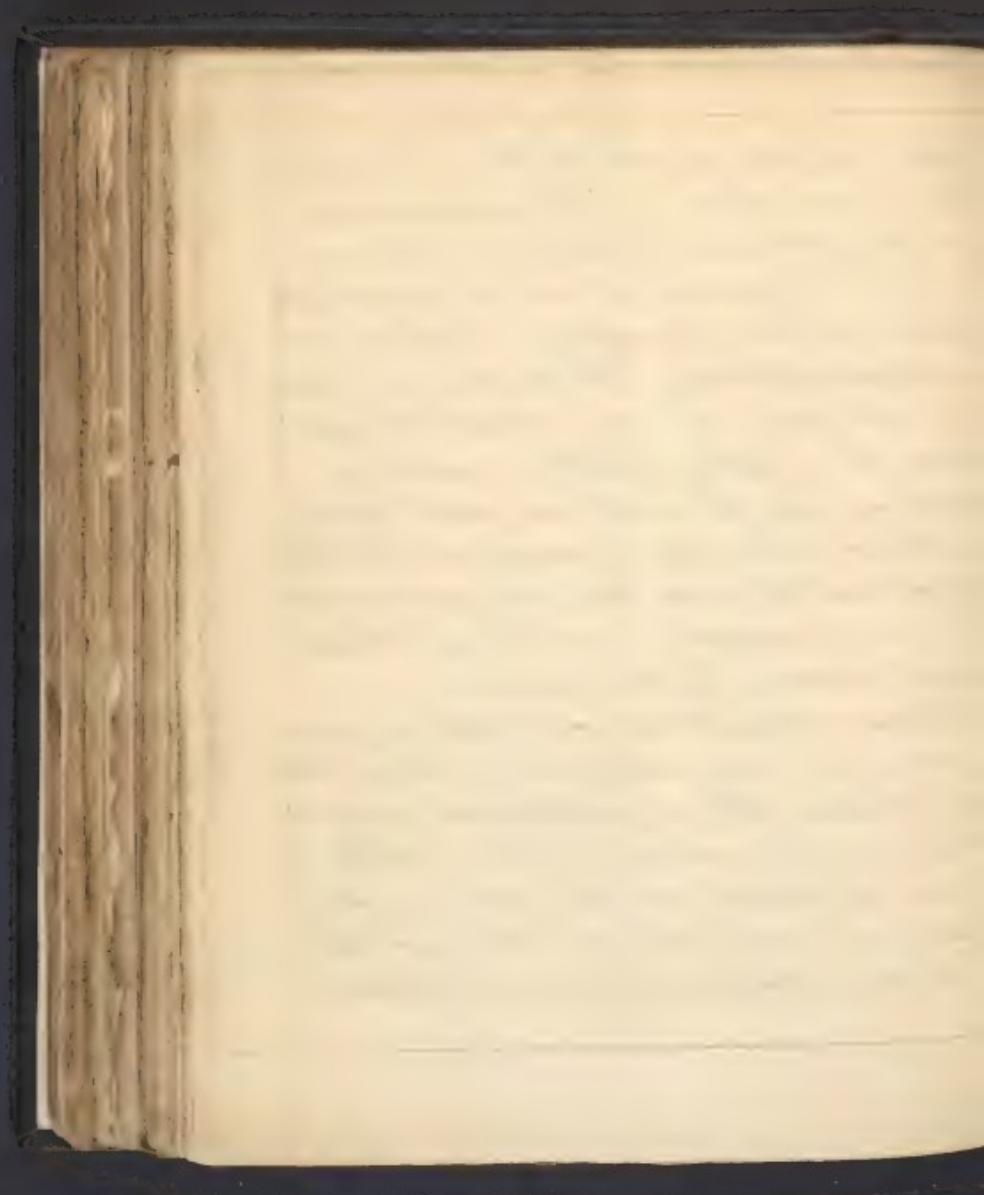
The practice found to be the most judicious and efficacious in the eruptive stage of this disease, is, to commence with the administration of an emetic; and the best we can select is the tart of tart, which is to be repeated at short intervals in the largest doses compatible with the safety of the patient; at the same time the child should be immersed in a warm bath and kept there for a quarter of an hour.

Should the emetic not have the desired effect or after its operation we should not be sensible of any benefit resulting, we must take up the hand and carry our bleeding to such an extent, as to make the system susceptible to the impression of the emetic, and again



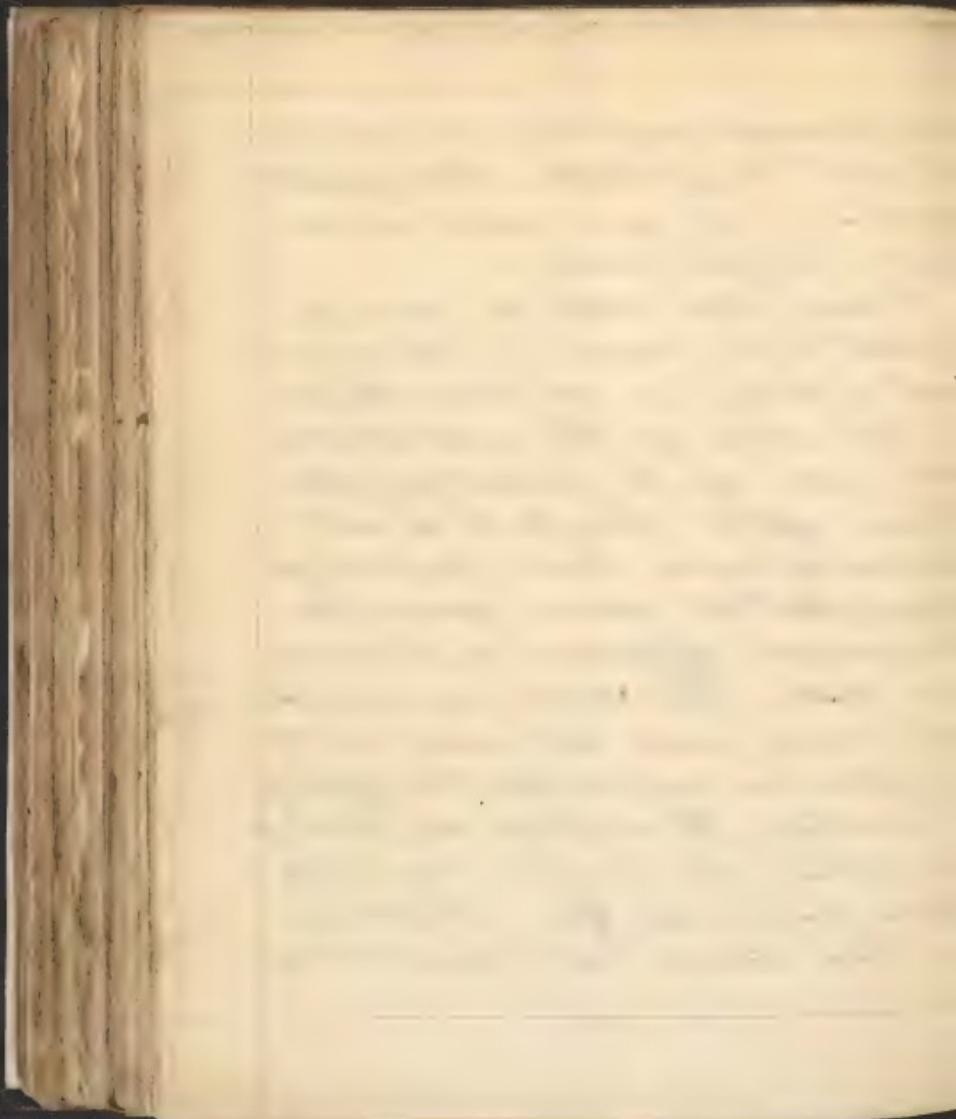
resort to the warm bath. You should  
 the disease resist all medical measures, &  
 all our judicious and cautious proce-  
 dures be ineffectual, you are to depend upon  
 specific remedies as, emetics, laxatives and  
 sometimes blistering. Should this not answer  
 our end and see our attempts to afford  
 relief be baffled by the unyielding  
 obstinacy of the case, we must again  
 resort to blood letting and push it both  
 utmost extent even 'w' debilitate animi  
 I will be almost a miracle if the case  
 is not overcome by these means.

Hemina accomplished our object so far  
 salomes is the next remedy which claims  
 our attention but you should bear in mind  
 that in the administration of this  
 article, it should not be given in such  
 doses as merely to open the bowels  
 but so as to induce the most copious



and thorough evacuations. Now is the time to resort to expectorants with the greatest advantage; and none answer so well as the polygalas finica.

Having thus stated the mode of practice to be pursued in the commencement of Croup, we must proceed to speak of that stage of the complaint, when other parts of the respiratory system become affected. When the lungs and pulmonary vessels become so much oppressed, that the disease assumes the characteristic appearance of Marfanosis or Motha. The disease is now evinced by becoming worse and worse; all the symptoms are aggravated. The difficulty of breathing, the coughing and hoarseness are extreme; the eyes are wild and the pulse disturbed and full. It is here we have to call into requisition all



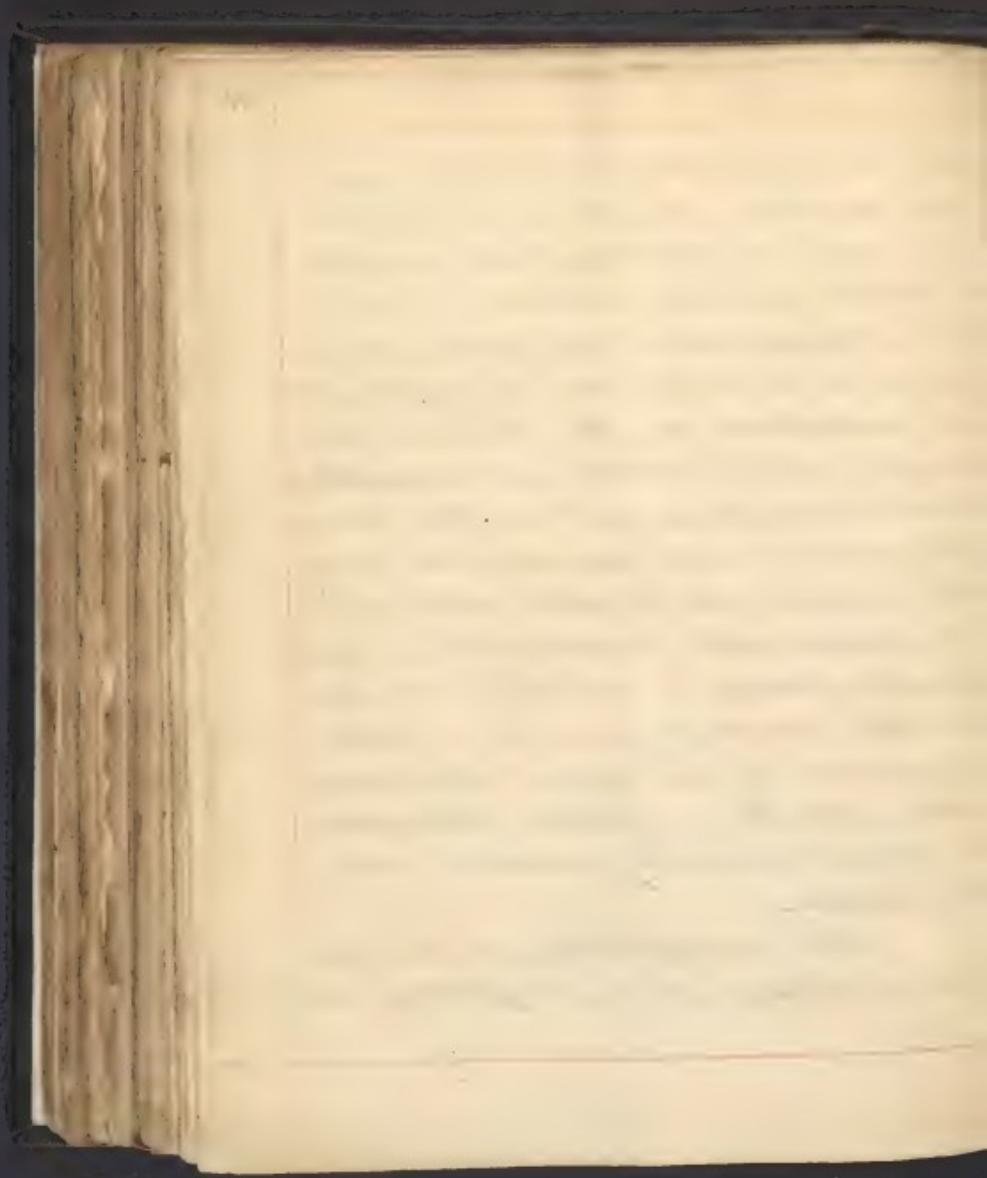
the resources of our art, and resort to the most vigorous and energetic measures, otherwise we have the mortification to see our patient rapidly sinking and dying under a disease which by prompt and judicious treatment might have been cured. Under these circumstances we must put the patient into the warm bath, thereby equalizing the circulation, and administer emetics, the most prompt in these operations, such as sulphat of zinc &c. & extract blood if it should be found necessary; in this part of our treatment extreme caution is necessary in attending to the effects, as there is great danger of reducing the system by blood letting even when done, below the point of reaction. In assisting these measures blistering the whole chest must be had recourse to. Having gone so

6

for we complete our treatment, with such medicines as best promote expectoration and diaphoresis; at the decoction of senna and the antimoniate wine.

The administration of Calomel also is not to be neglected, as it is of the high est importance in the treatment of Croup. Dr. Hamill whose authority carries as much weight as that of any other medical man, goes so far as to say that calomel is the best article of the Materia Medica which he has tried; and if his practice should be strictly followed, or in other words if given prior to the appearance of hoarseness, or other symptoms, indicating a fatal termination, it almost invariably succeeds in curing the disease.

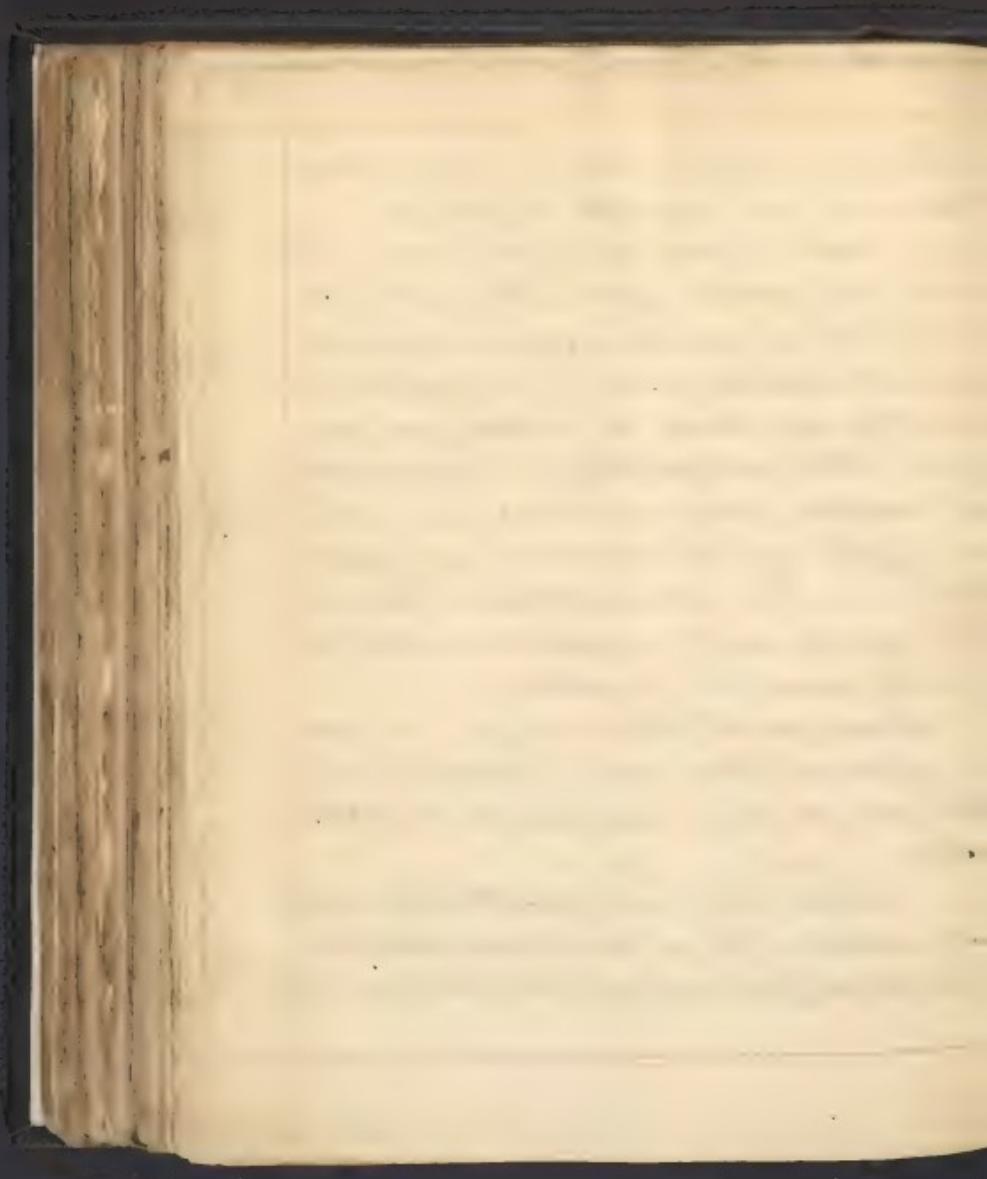
The susceptibility of the system in Croup is so completely lost



that it is chiefly owing to this circumstance, we are compelled to give such large doses of medicine, before we can get them to operate upon the system. But it has been ascertained from experience and observation that if a sufficient quantity of blood be taken from the system this susceptibility to impression is restored and awakened; and not one fifth off the calomel is required that has been administered. This is a fact of so much importance, that it should never be forgotten.

From what has been seen it will be perceived that the treatment in both stages off Scrofula is not very difficult.

There has been considerable discussion relative to a membrane which is sometimes produced in the trachea. Its



wedence is supported, by such high authority  
that it would be an unwarrantable ske-  
ticism to doubt it. Marshall  
I must be of rare occurrence; seldom com-  
ing under the observation of those  
who have had the most enlarged experi-  
ence in the treatment of lymphatic trache-  
itis.

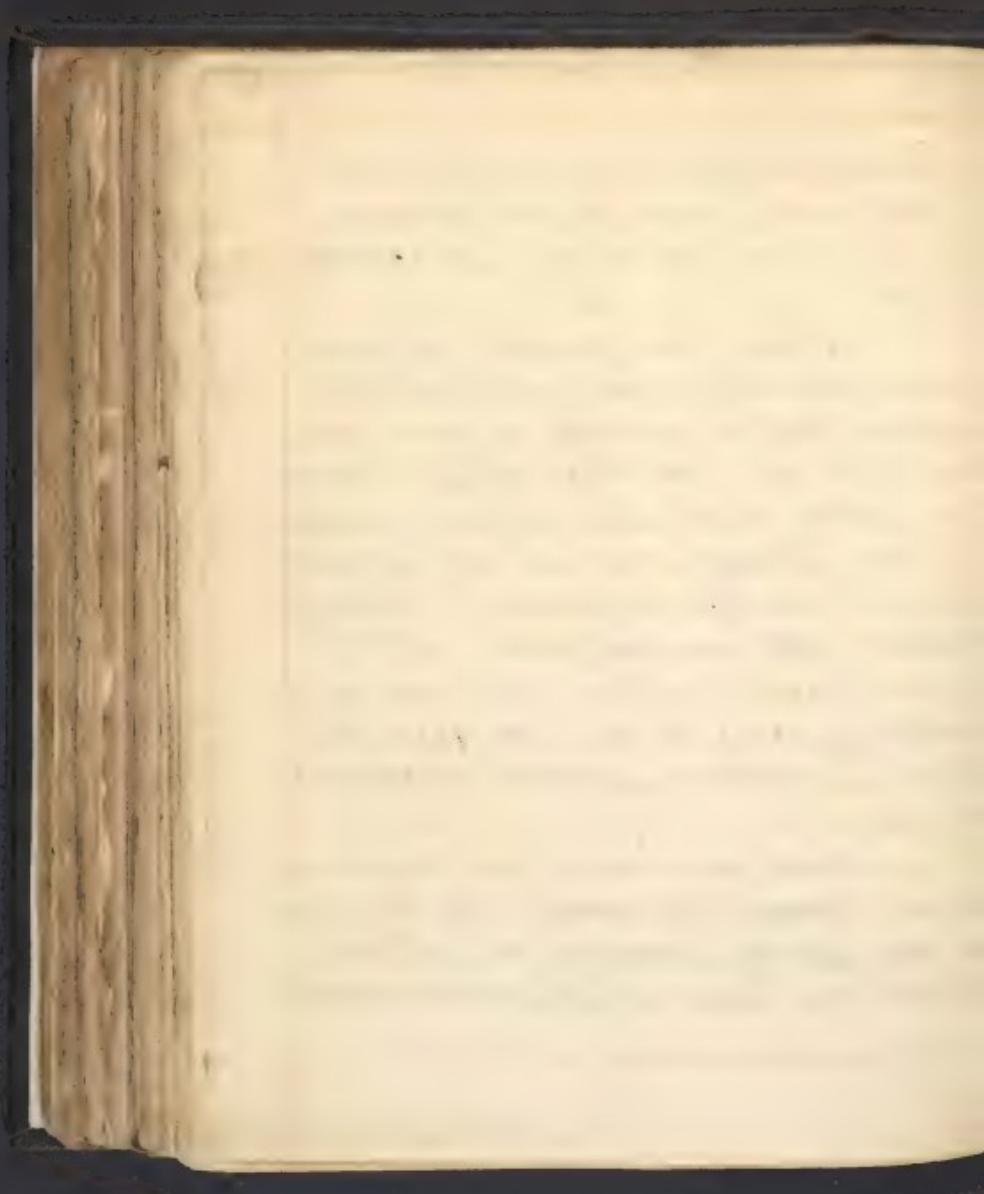
As to the nature and structure of this  
membrane there has been no little variety  
of opinion, it being insisted on by some  
as Horne Mann &c. that it is insipid  
and inert, while on the other hand it  
is as strenuously asserted by Dr. Bush  
Crawford and other authorities as equally  
respectable, that it is coagulated lymph.  
Under these circumstances with whom  
shall we side when there is such con-  
trariety of opinion, and the abettors of  
each theory being so respectable and equal



ly divided. The fact is we cannot remain neutral until more ample experience and observation shall put the question at rest.

It has been remarked by every person who has seen much of the complaint, that a majority of those sick and even who are attacked with the disease fall victims to it. How shall we account for this fatality? Shall we say it results from our poverty of resources or, inability to arrest the progress of it, or that it proceeds from a total ignorance of its pathology and above all from the lenient and timid measures adopted to cure it.

That we have it in our power to cure it if called early to a case we are firmly persuaded, and I think to the two causes last mentioned must



be attributed our want of success, to  
the latter, more particularly.

It has been said that the first attack  
of this disease, establishes a predisposi-  
tion to it, and the patient is exceedingly  
liable to it ever afterwards. If  
this is a fact, we should be very cau-  
tious that the patient does not expose  
himself to those causes which have a  
tendency to produce it.

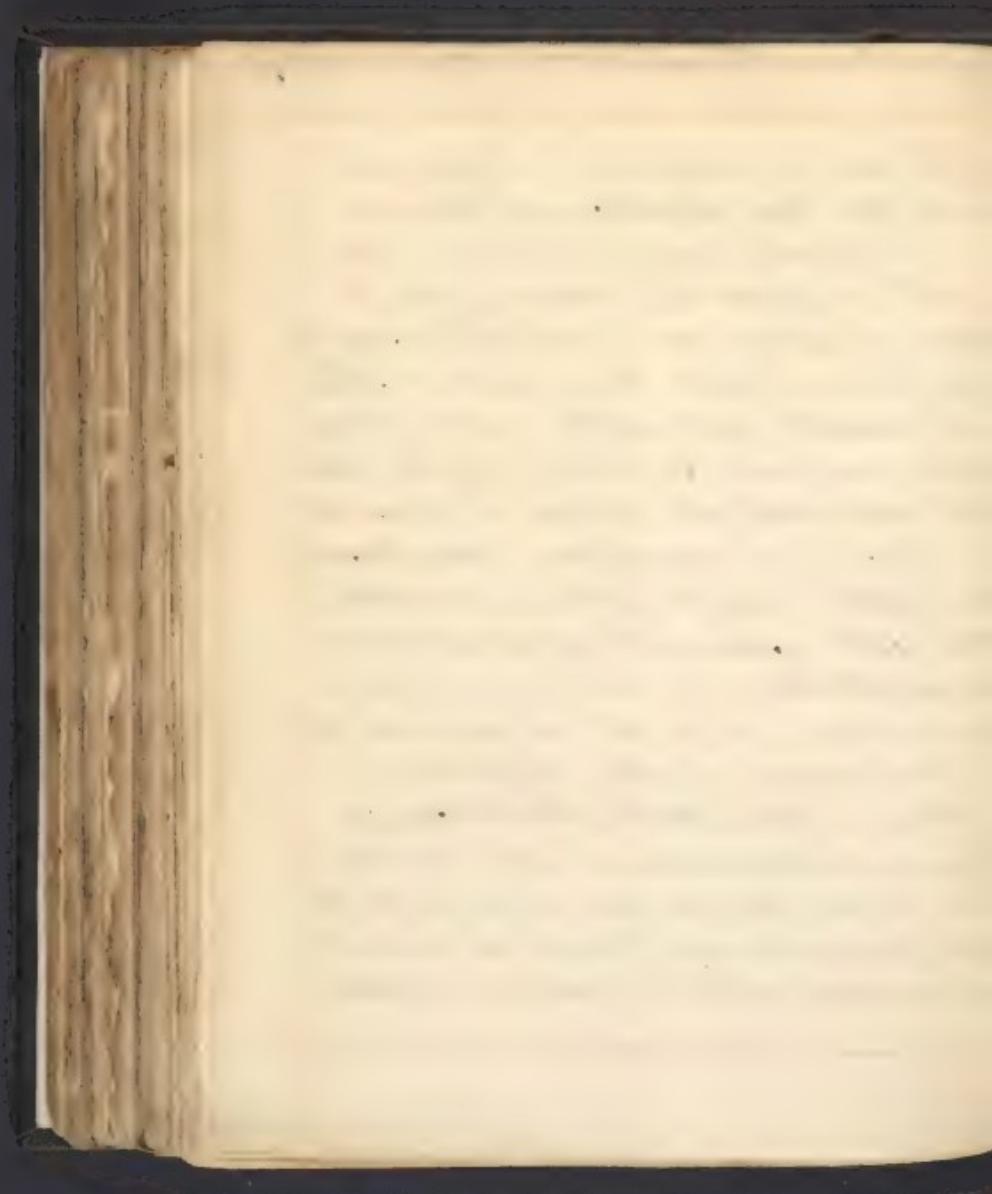
It is also the impression of some  
that the subsequent attacks of gouty,  
are less violent in proportion, to the fre-  
quency of them. But Dr. Chyne who is as  
high authority as any other medical man,  
that can be consulted on this disease,  
thinks the assertion, needs some qualification  
and attributes the comparative mildness of  
the attacks, to the caution observed when  
symptoms appear characteristic of this com-



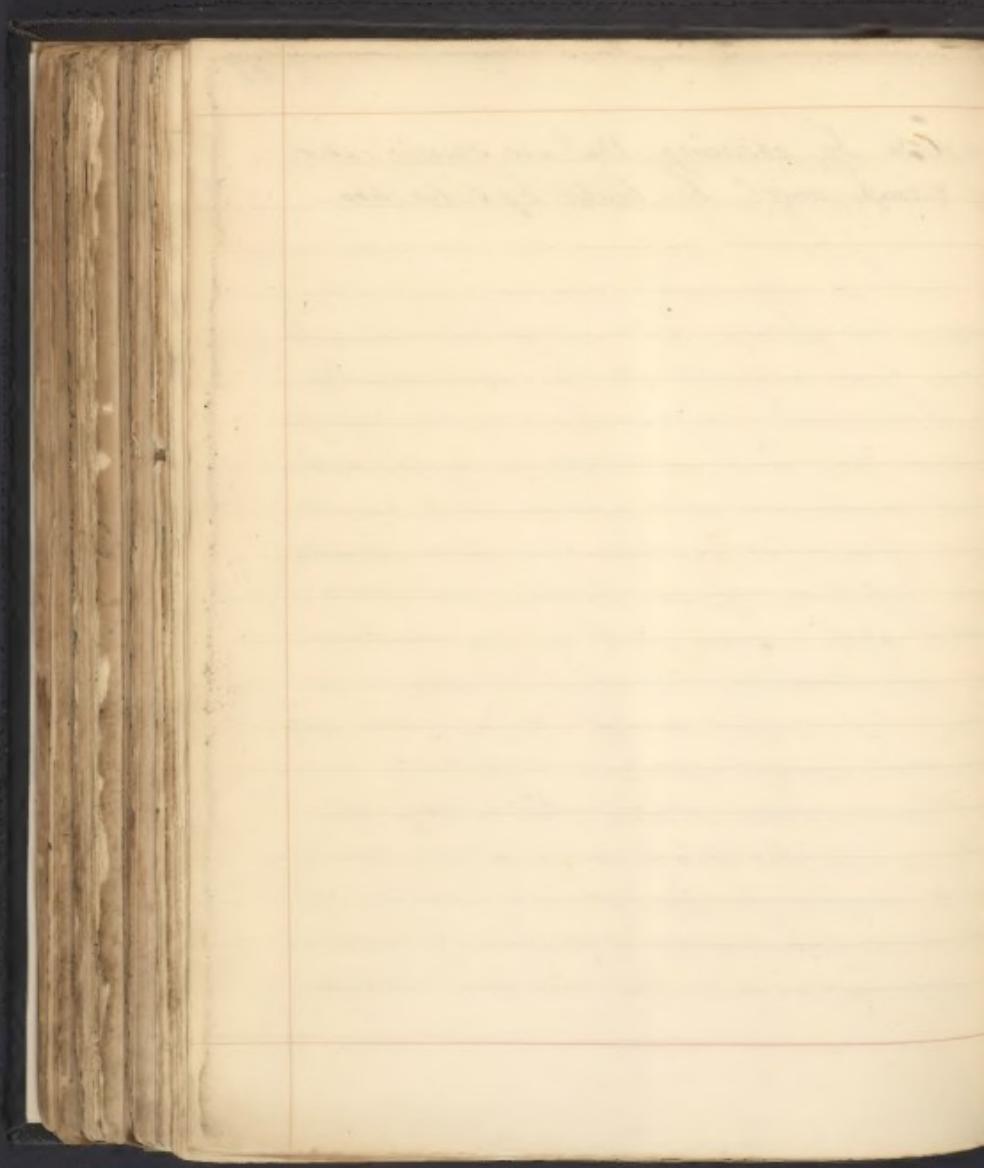
plaint, which caution has a tendency to  
hinder the full formation of Crusta.

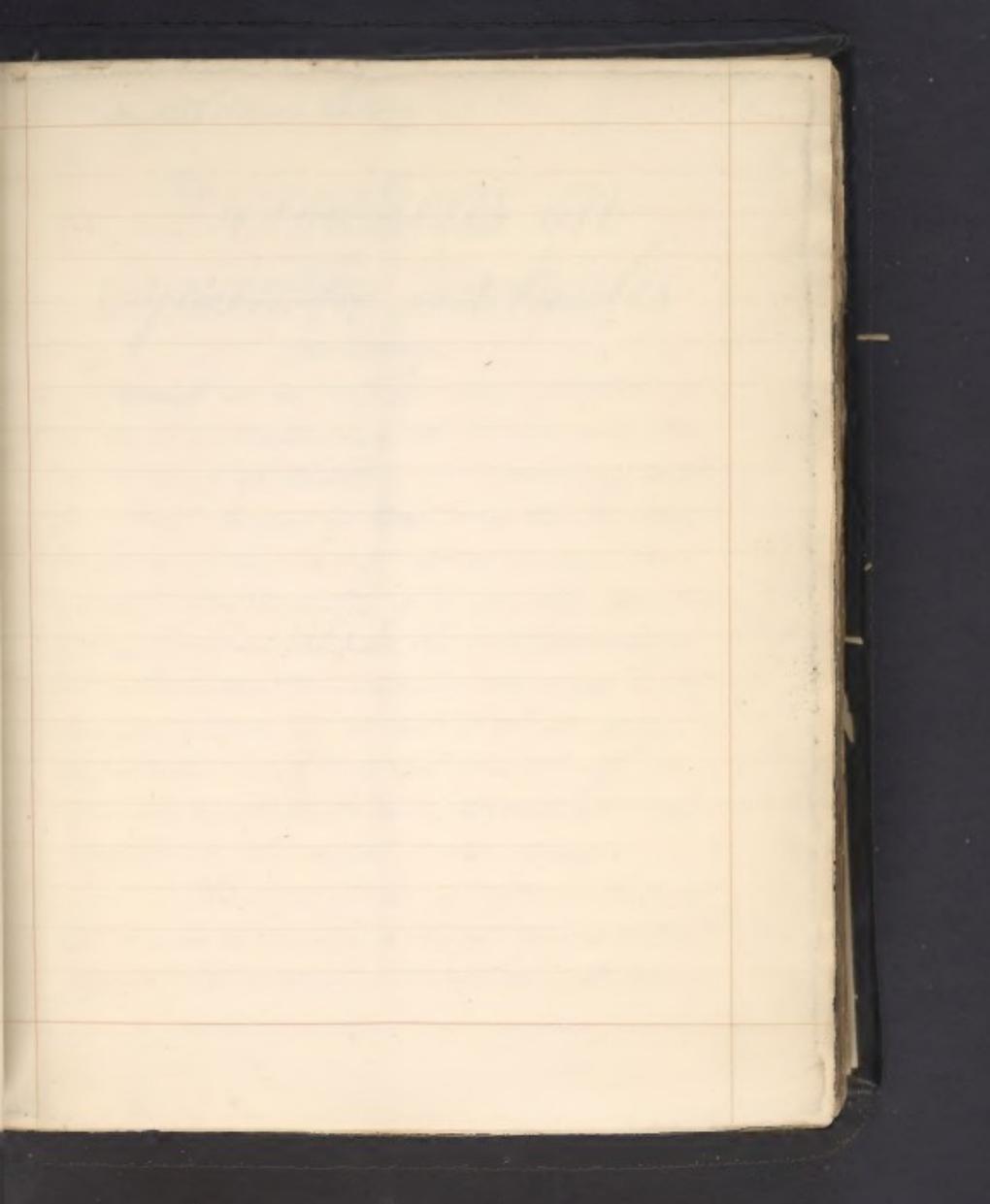
It frequently happens, that when the  
patient is apparently recovering from the  
disease, a sudden and unexpected exacerbation  
sets in prior to his existence. The  
most plausible explanation of this change  
which has been adduced, is by the author  
last mentioned, who believes it to result  
more from a mechanical than spasmo-  
tic affection of the trachea; and states  
that after some part of the membrane  
is expectorated, the remainder may be so  
much less, as to act as a valve, and  
by that means produce suffocation.

Having thus stated the history of  
Cynanche maculata and its treatment  
to be adopted for its cure, and given the dif-  
ferent opinions relative to certain circumstan-  
ces connected with the disease, I shall



conclude by observing that all chronic cases  
of Croup must be treated by Salicization.





13.4.5